

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U -

1088

2 Fiscal Year Covered From

11 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name JOHN C TENUTA

P O Box, Bldg, Room No, If any 704

Street 31 E Grove Street

City Lombard

State IL ZIP Code + 4 60148

4 Name, file number, and address of labor organization

Name IBEW LOCAL # 701

Labor Organization File Number 009383

P O Box, Building and Room Number, If any

Street 28600 Bella Vista Parkway

City Warrenville

State IL ZIP Code + 4 60555

5 Position in labor organization

Vice President / Executive Board

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, If any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

NONE TO REPORT

7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

John C. Tenuta

On

8-15-05

Date

(630) 268-0819

Telephone Number

Name of Person Filing	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State  ZIP Code + 4

**9 Business deals with**

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

*None to Report*

**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State  ZIP Code + 4

**11 a Nature of such dealing**

*NONE TO REPORT*

**11 b Approximate dollar value of such dealing**

**12 a Nature of interest held or income received**

*None to Report*

**12 b Amount**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State  ZIP Code + 4

**14 a Nature of payment**

*None to Report*

13 b Is the Business an Employer ☐ or Consultant ☐ ?

**14 b Amount of payment**